Kentucky Children's Health Insurance Program

FREE OR LOW COST HEALTH INSURANCE FOR CHILDREN

What is KCHIP?

FREE OR LOW COST HEALTH INSURANCE FOR CHILDREN

- Created in 1997

- Has served approximately 270,000 children
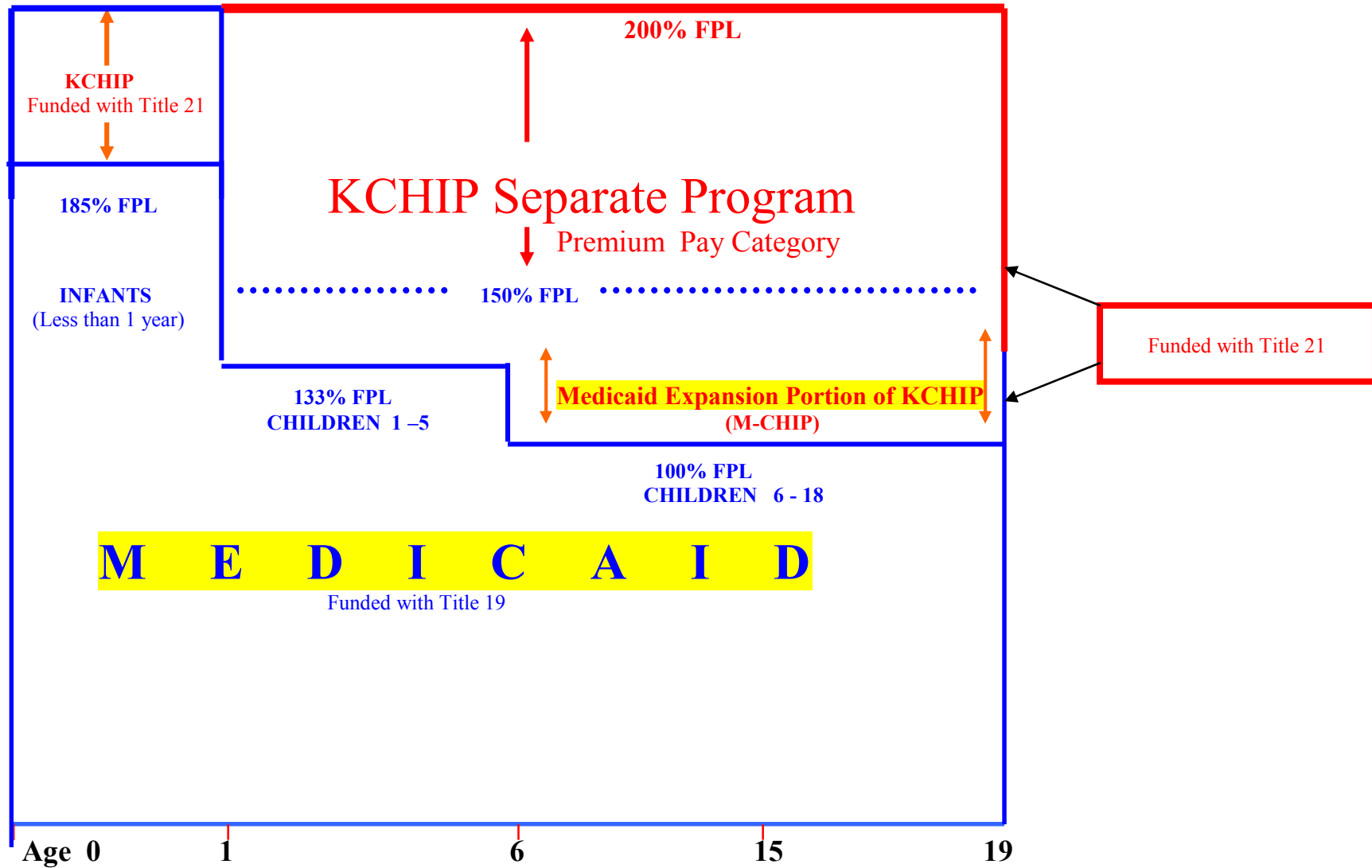
What is the difference between Medicaid and KCHIP?

- Medicaid is health care for:
  - Aged (65 or older)
  - Blind
  - Disabled
  - Pregnant Women
  - Children
- Medicaid recipients must meet financial guidelines.

What is the difference between Medicaid and KCHIP?

- KCHIP is only for children
- Families make too much money to qualify for Medicaid but not enough to pay high insurance premiums
- KCHIP recipients must have family income below 200% of federal poverty level

KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM (KCHIP)
COMBINATION MEDICAID EXPANSION AND KCHIP

KCHIP
Funded with Title 21

185% FPL

INFANTS
(Less than 1 year)

200% FPL

KCHIP Separate Program
Premium Pay Category

150% FPL

133% FPL
CHILDREN 1 – 5

Medicaid Expansion Portion of KCHIP
(M-CHIP)

Funded with Title 21

100% FPL
CHILDREN 6 - 18

M E D I C A I D
Funded with Title 19

Age 0   1   6   15   19

Who Qualifies?

- Children under age 19

- Uninsured

- Family income under 200% of the federal poverty level (FPL)

How do you apply for KCHIP before November 1, 2008?

Go to the local Department for Community Based Services Office and complete a face-to-face interview

How do you apply for KCHIP Beginning November 1, 2008?

- Complete an application and mail it in

OR

- Go to local DCBS office and make application

Why are we here today?

Estimated **67,000** children in Kentucky are eligible for but not enrolled in KCHIP

KCHIP Mail-In Application

Will be used to determine eligibility for

KCHIP

And

Medicaid

for children under age 19

Most Important Points

- When completing the application, be sure that all sections of the form are thoroughly completed and correct.

- Be sure to include all documentation needed to verify the circumstances of the case. (More on this later...)

Section 1: General Information

Answer these questions about the parent or person who is responsible for the child.

Be sure to complete all blanks, and include current contact information.

Section 2: Household Information

In this section, list each household member in a separate box.

Complete all blanks for each member.

List members in order:
1. Parent applying
2. Spouse, if any
3. List each child

Notes on Race/Ethnicity

- This entry is not **mandatory**, but it **is** used for statistical purposes.
- Race/Ethnicity is **not** a factor in eligibility for KCHIP or Medicaid.
- Use the codes listed on page 5 for Race & Ethnicity, if provided.

Section 2: Continued

- Page 2 has 5 extra spaces for additional members.
- You can also copy this page if more spaces are needed.

Section 3: Income

Include here any money received by the household, and who receives it.

KCHIP Application—Page 3

3 Income

List all the people who receive money from any source and live in your home. Start with yourself

Person Receiving Money (Name)	Employer Name or Other Income Type	Pay Rate Before Taxes (amounts, hour, etc.)	Hours Worked Weekly	How Often Paid (only every 3 wks, 2x mo., etc.)

If income is **not** wages, list what **type** of income is being received.

Examples of Income

- Wages from employment or odd jobs
- Self-employment or Farm Income
- Social Security or SSI benefits
- Retirement or Pension payments
- Child Support or Alimony payments
- Unemployment Benefits

Pay Rate Entries

KCHIP Application—Page 3

3 Income

List all the people who receive money from any source and live in your home. Start with yourself.

Person Receiving Money (Name)	Employer Name or Other Income Type	Pay Rate Before Taxes (minimum, hourly, etc.)	Hours Worked Weekly	How Often Paid (weekly, every 2 wks, 1x mo., etc.)

Tips for entries in the "Pay Rate" area:

- If paid on an hourly basis, how much is received per hour?

- If on salary, what is the base salary?

- Are tips/commissions received? How much, and how often?

Notes on Income

- Only the income of a legal parent is considered in eligibility determinations.

- To qualify, the family's income cannot exceed the 200% Poverty Level Scale shown on page 5 of the application.

- Income limits change each year in April.

Section 4: Other Information

Check the option that best answers the questions in this section.

Complete all blanks in this area that apply.

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4 Other Information

☐ Yes ☐ No 1. Does everyone in your household live in Kentucky?

☐ Yes ☐ No 2. Do you or your spouse have access to an employer's health insurance plan?

☐ Yes ☐ No 3. Is anyone in your household currently enrolled in a health insurance plan?

If yes, who? _____

When did coverage begin? (mm/dd/yy) _____

☐ Yes ☐ No 4. Has anyone in your household dropped/changed health insurance in the last six months?

If yes, who? _____

When was it dropped/changed? (mm/dd/yy) _____

Why: _____

Insurance company name: _____ Phone: _____

☐ Yes ☐ No 5. Is anyone in your household pregnant?

If yes: Name(s) _____ Due date? _____

☐ Yes ☐ No 6. Do you have any medical bills from the prior three months?

☐ Yes ☐ No 7. Does your child have a doctor?

If yes: Name _____ Phone: _____

☐ Yes ☐ No 8. Do you want us to help with medical support enforcement for any child listed on this application?

Revised 09/26/2008

Notes on Insurance

- For KCHIP, certain rules and restrictions apply to children who are covered by health insurance.

- For this reason, it is crucial that all insurance questions are answered completely and truthfully.

Section 5: Rights and Responsibilities

Applicants should read and **understand** their rights and responsibilities.

Applicants must sign that all information provided is true and correct.

KCHIP Application--Page 4

5 Rights and Responsibilities

- I understand that this application is for children under age 19 only.
- I agree to the release of personal and financial information from this application form and supporting documents to the state agencies or their contractors that run this program so that they can evaluate it and verify eligibility.
- I understand that the information on this application will only be shared according to 42CFR 431.300-431.307.1 and any other applicable federal and state laws and regulations.
- If my child is approved for medical benefits through KCHIP or Medicaid, I assign all insurance and medical support benefits to Medicaid. If Medicaid pays my child's medical bills, then my insurance or other benefits (such as lawsuit settlements) must be used to pay Medicaid back. I agree to help and cooperate with Medicaid in identifying and collecting this money.
- I understand that I must report any changes to my family size or household income to the local office of the Department for Community Based Services (DCBS) within ten (10) days of the change.
- I understand that I may be asked to provide additional information to verify my child's eligibility for the program.
- I understand eligibility will not be affected by my race, color, ethnicity, national origin, age, disability, sex, religious creed, or political beliefs except where this is restricted by law.
- I have the right to appeal any eligibility decisions made by DCBS. Information on the appeal process can be obtained from DCBS.
- I declare that all persons for whom this application is made are US citizens or are admitted under an approved alien status.
- I understand that anyone who gives false information or conceals information in order to receive or to continue to receive Medicaid or KCHIP benefits is subject to criminal action under federal law, state law, or both.
- If my child is granted KCHIP or Medicaid eligibility, I agree not to let anyone else use my child's medical card to receive benefits and I agree to comply with all other applicable state and federal Medicaid statutes and regulations governing the KCHIP and Medicaid programs.
- I understand that I may be liable for repaying for benefits that were fraudulently received.
- I certify, under penalty of perjury, the information, including citizenship or alien status, and the identity of all persons under age 16 listed on the application and provided by me in this statement is correct and true to the best of my knowledge and give my consent to make all necessary contacts to verify my statements.

Signature: _____   Date Signed: _____

Section 5: Continued

"Attestation" is **only** signed if no verification of identity is available for the children.

Attestation

My signature below is my statement that the identity of the children on this application is true and accurate. I sign this Attestation under penalty of perjury.

Signature: _____ Date Signed: _____

Relationship to child: _____

Did anyone help you fill out this application? ☐ Yes ☐ No   If yes, provide information below:

Name: _____ Address: _____

Organization: _____ Signature: _____

List anyone who helped complete the application in this box.

Section 6: Submit the Application

There are 2 ways to Submit the application:
– **Mail** the application and verification
– **Fax** the application and verification

The address and fax number is listed on the bottom of page 4 and page 6 of the application

Page 5: Instructions

For more tips on completing this form correctly, refer to page 5.

Instructions for completing the KCHIP application

This application will be used to determine KCHIP or Medicaid eligibility for children under age 19 only.

Sections of the application that need to be completed:

1. **General Information about the Parent/Responsible Person**
   In this section, provide information about yourself and the children who need KCHIP. We may need to contact you for more information to process the application so it is important that this section be complete and correct.

2. **Household Information**
   In this section, tell us about your family. List yourself and all the family members living in your house.
   - On the first line, list yourself.
   - On the second line, list your spouse if you are married.
   - On the rest of the lines, list the children for whom you are making an application. These are the children who live in your home and who you take care of.
   - Complete all columns on the form for each person you list.
   - Use one or more of these codes in the Race/Ethnicity column (this is not required):
     - --American Indian/Alaska Native=IN
     - --Asian=AS
     - --Black/African American=B
     - --Native Hawaiian/Other Pacific Islander=HPI
     - --White=W
     - --Hispanic=H

3. **Income**
   This section asks you to list who is employed in your household and where he/she works. List all of your household's monthly gross (before taxes) income. Please note that income from any adult living in the child's home will only be counted if that adult is the legal parent of that child. To qualify for KCHIP, a family's income cannot exceed 200% of the Federal Poverty Level as indicated in the following chart:

Size of Family	Monthly Income Limit
1	$1,734
2	$2,334
3	$2,934
4	$3,534
5	$4,134
6	$4,734
7	$5,334
8	$5,934
Add $600 for each additional member.	

Income limits change each year. Income guidelines listed are for 2008. If your family income is slightly above these amounts, your children may still qualify for the program.

4. **Other Information**
   Check the box that best answers the question.

5. **Rights and Responsibilities**
   Read this section and sign and date the application. Be sure to fill in the box if anyone helped you fill out this application.

6. **Things to Include with your mail-in application**
   Look at the list on the next page to find what you have to include with your application. Use the check boxes to make sure your application is complete and attach documents to prove identity, citizenship, income, child care expenses, health insurance cards, and pregnancy verification form if applicable.

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Page 6: Things to include with the application

KCHIP Application Instructions--Page 6

Things to include with your KCHIP application

If any of these things apply to you and your family, send proof of these documents. Let us know if you cannot get them. We may be able to help.

☐ 1. For all applicants, send copies of health insurance cards (front and back).

☐ 2. For children born outside Kentucky, send proof of U.S. Citizenship such as a birth certificate, U.S. Passport, or adoption papers. Visit www.cdc.gov/nchs for a list of state vital records offices where you may request birth certificates.

☐ 3. For applicants who are not U.S. citizens, send proof of Permanent Resident Cards (green cards) or other forms from U.S. Citizenship and Immigration Services.

☐ 4. For all children, send proof of identity. If you are sending a U.S. Passport, a Certificate of Naturalization (DHS Forms N-550 or N-570), or a Certificate of U.S. Citizenship (DHS Forms N-560 or N-561) for items 2 or 3 above, YOU DO NOT NEED TO SEND PROOF OF IDENTITY.

Proof of identity can be:
--A current state driver's license
--School ID with photo
--Military Dependant ID
--ID issued by state, federal, or local government with photo

If you do not have these documents or the child is under the age of 16, you can send other proof of ID such as:
--School record including report card, daycare, or nursery school record
--Clinic, doctor or hospital record

If you cannot get any of these documents to prove the identity of children under age 16, sign the attestation on page 4.

☐ 5. For children and their parents, send copies of all pay stubs from the last two (2) months or a letter from the employer. If self-employed, send copies of last year's tax return and all schedule attachments. Grandparents and other non-parent caregivers do not have to send this information.

☐ 6. For children and their parents, send proof of gross income (before taxes) for all money that is not from a job like Veteran's Benefits, worker's comp, and alimony. Proof could be award letters or 1099 tax statements. Grandparents and other non-parent caregivers do not have to send this information.

☐ 7. Proof of child care payments from the day care center. Proof of payments for adult care from the caregiver.

☐ 8. Court order and proof of alimony or child support payments made to persons outside the home. If it is paid through Child Support Enforcement, you do not have to send proof- let us know.

☐ 9. In some cases, you may be able to get KCHIP/Medicaid coverage for the three (3) months before you apply. If you want to request coverage for the three (3) months before you apply, send proof of income for those months.

• This is a list of items needed to process the KCHIP application.

Insurance Cards

- Copies of insurance cards for all children on application.
- Copy of **front and back.**

Viewing Original Documents

If you are assisting with an application, view all **original** documentation related to citizenship and identity to ensure **correct/current** information is provided

Your signature on the application indicates that you viewed **original documents**, **not copies** of documents.
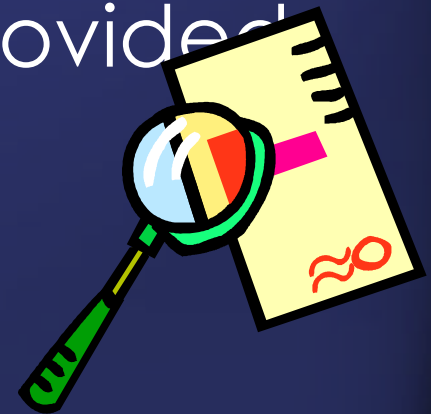
Citizenship Verification

US Citizens must verify by providing documentation, such as a birth certificate, US Passport, Certificate of Naturalization or adoption papers.

If the child was born in KY, DCBS **may** be able to obtain a birth certificate, if the parent does not have one.

Qualifying Alien Status

Immigrants must verify Qualifying Alien status by providing documents such as a Permanent Resident Card, I-94 or other documents from BCIS (formerly INS) that show their immigration status.

Identity Verification

- Proof of identity is required **unless** a US Passport, Certificate of Naturalization or Certificate of US Citizenship is being sent.

- If none of the items on page 6 (item 4) are available, have the applicant sign the "**Attestation**" for identity on Page 4.

Attestation

My signature below is my statement that the identity of the children on this application is true and accurate. I sign this Attestation under penalty of perjury.

Signature: _____   Date Signed: _____

Relationship to child: _____

Income Verification

- If individuals are working, they must submit the **prior 2 months** pay stubs.
- If prior 2 months do **not** represent **current** circumstances, they can submit a note from employer that verifies:
  – Current pay rate
  – Number of hours worked
  – Pay frequency

Proof of "Unearned" Income

- Proof of unearned income can be Award Letters for benefits, such as RSDI, Workman's Comp, Black Lung, VA or other pensions, etc.
- For other types, documents from the income source, listing **gross** (before deductions) amount and frequency.

Self-Employment Income

- Applicants must submit last year's tax returns including all schedule attachments.
- If no taxes have been filed, copies of the personal business records kept by the applicant can be sent.

Child or Adult Care Expenses

These are **deductions** for KCHIP!

Send in receipts/documents to verify:

- – Amounts paid
- – How often paid
- – For which child or adult the expense is paid.

Medial bills for last three months, if any

In some cases, children may be eligible for retroactive benefits if they have medical bills

Retroactive Benefits

If the child has medical bills for any of the prior 3 months, it **may** be possible to backdate the KCHIP card.

Be sure to indicate if this is needed, and include income verification for the month coverage is requested.

This is NOT an option for Passport recipients.

Passport

Passport Health Plan manages the care of KCHIP members in Jefferson and surrounding counties. Children will receive a KCHIP Card and a Passport Health Plan Card.

Eligibility Begin Date

When a child is determined to meet eligibility requirements, benefits will begin on the date the application was received in central office.

All applications will have a date stamp that indicates the date it was received.

KCHIP Covered Services

KCHIP Covered Services

- Inpatient and outpatient hospital
- Emergency services
- Outpatient surgery
- Primary Care Services
- Preventive care
- Vision
- Dental
- Pharmacy
- Well Child Screening

KCHIP Covered Services (continued)

- Hearing
- Allergy injections
- Home Health
- Lab and X-ray
- DME
- Transportation
- Hospice
- Therapies (speech, PT, OT)
- Mental Health Services

Cost Sharing

- KCHIP **Phase III** pay Premiums of $20 per **family** per month.
- All KCHIP children are subject to:
  - $1, $2, or $3 pharmacy co-payment
  - $2 co-payment for allergy **testing** (not injections)
  - Maximum $6 for **non-emergency** use of ER services

How long does coverage last?

If no changes in family income or family size, benefits will continue for 12 months

Summary

KCHIP is free or low cost health insurance for children who:

- Are under age 19

- Are uninsured

- Have family income below 200% of the FPL

Summary (continued)

Two ways to apply for KCHIP:

- Mail completed application to central office address on application

- Apply in person at DCBS office

Summary (continued)

Things to include with the application:

- Health insurance cards, if applicable

- Proof of citizenship for children born outside of Kentucky

- Proof of identity for all children

- Copies of pay stubs for last 2 months

Summary (continued)

Things to include with the application (continued):

- Proof of gross income for all money that is not from a job (letters or 1099 tax statements)

- Proof of alimony or child support

- Proof of child care payments

- Any medical bills from last three months

Questions